

October 10, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1800-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This is the case of a 41-year-old male claimant who is being treated for chronic low back pain due to an injury on _____. The record indicates that after his workup with an MRI study, he has a small disk protrusion on the right side. The physical therapy notes state that the treating doctor has recommended microdiscectomy for this patient, but he refused surgery at the present time. Therefore, he was treated conservatively with physical therapy and apparently a muscle stimulator was used in the physical therapy.

Disputed Services:

Proposed purchase of the RS4i interferential muscle stimulator.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in question are not medically necessary in this case.

Rationale:

The reviewer does not feel the purchase of this RS4i stimulator is indicated and does not believe there is established medical evidence that the electrical stimulator has any significant beneficial effect on healing of the chronic back problem. There is no credible evidence that establishes the effective of this electrical stimulation for healing of lower back problems. The permanent use of electrical stimulation is not felt to be within the standard of care for chronic back problems.

I am the Secretary and General of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health

care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 10, 2003.

Sincerely,